

**JOHN HICKENLOOPER**  
Governor

**ELLEN GOLOMBEK**  
Executive Director

**MAHESH ALBUQUERQUE**  
Division Director



## **DEPARTMENT OF LABOR AND EMPLOYMENT**

**DIVISION OF OIL AND PUBLIC SAFETY – AMUSEMENT RIDES AND DEVICES PROGRAM**

633 17<sup>th</sup> Street, Suite 500  
Denver, Colorado 80202-3610  
Phone: 303-318-8500; Fax 303-318-8488  
Web: <http://www.colorado.gov/cdle/ops>  
E-Mail: [oil.inspection@state.co.us](mailto:oil.inspection@state.co.us)

### Amusement Rides and Devices

Annual Fee Schedule effective December 1, 2008

	Registration fee for amusement ride operator	Registration fee for class A rides	Registration fee for class B rides
All Amusement Rides and Devices	\$500	\$100 per ride	\$135 per ride



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### DIVISION OF OIL AND PUBLIC SAFETY

633 17th Street Suite 500

Denver, Colorado 80202

(303) 318-8519

### APPLICATION FOR REGISTRATION OF AMUSEMENT RIDES AND DEVICES

FOR OFFICE USE ONLY	CK #	DATE PAID	CHECK AMOUNT	CHECK ISSUER
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1. This application for registration shall be submitted to the Division of Oil and Public Safety, Amusement Rides and Devices Program, 633 17th Street, Suite 500, Denver, CO 80202. **A certificate of registration issued by the Division must be obtained prior to operation.**

2. REGISTRATION NUMBER: \_\_\_\_\_  
NAME OF OPERATOR: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

3. Refer to the attached fee schedule, effective 12/01/2008. Please submit the appropriate fees based on the fee schedule and enclose the registration fee in a check or money order made payable to the "DIVISION OF OIL AND PUBLIC SAFETY."

4. Check one of the following:  
☐ Permanent Device Operator  
☐ Portable Device Operator

5. List the name of all liability insurance carriers and the insurance policy numbers.

Insurance Carrier's Name	Telephone	Policy Number	Effective Date	Expiration Date

6. Did an injury occur in any state caused by an amusement ride operated by your company which resulted in death or required medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)  
**If yes, attach a copy of the injury report.** The report must include the kind of injury, date of injury, cause of injury, and name of ride. (An injury is caused by the ride if the injury occurs on the ride/device or is in any way associated with the ride/device.)
7. Attach an original amusement ride certificate of inspection for each amusement ride or device showing the name, serial number, manufacturer, the inspector's name, the owner/operator, and other information as required. **New as of 2008: The inspector's credentials are required.**



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## ANNUAL AMUSEMENT RIDE OR DEVICE CERTIFICATE OF INSPECTION

Required for each amusement ride or device, pursuant to Colorado Revised Statutes 8-20-101 and 7 Colorado Code of Regulations 1101-12.

### Owner / Operator Information

Name of Owner / Operator \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Amusement Ride or Device Information

Amusement Ride or Device Name \_\_\_\_\_ Serial Number \_\_\_\_\_

Manufacturer \_\_\_\_\_ Date Manufactured \_\_\_\_\_

\_\_\_\_\_ Class A -- Ride or device designed primarily for use by children 12 years of age or younger with a fixed location.

\_\_\_\_\_ Class B -- Ride or device other than a Class A

### Amusement Ride/Device Inspector Shall Complete The Following Statement

I hereby certify that the above described amusement ride or device was inspected / re-inspected in an operable state and meets the standards and requirements of 7 Colorado Code of Regulations 1101-12.

Signature of Inspector \_\_\_\_\_ Date \_\_\_\_\_

Name of Inspector \_\_\_\_\_

Inspection Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

NEW: Credentials (Organization and certification number) \_\_\_\_\_

8. List the name of each amusement ride or device, trade name of the manufacturer, and the serial number if available for all amusement rides and devices.

[illegible]

9. List the dates and locations of operation of the amusement ride or device within the State of Colorado, including the dates at each location.

Location Name	Location Address	Location City	Dates of Operation	
			Start	Finish

10. For Bungee Jumping Facilities attach:

1. A system review (structures, cords, harnesses, attachment components, etc.) that includes evaluation and inspection by a Colorado Registered Mechanical Engineer, with his certification/stamp that the system design is adequate for the intended application, shall be provided to the Public Safety Section.
2. All elements of the American Society for Testing and Materials - Standards on Amusement Rides and Devices (Fourth Edition - August 1992), excluding the subsequent addenda incorporated by the code forward, and the North American Bungee Association (NABA) Guidelines - 1992, excluding the subsequent addenda, are to be conformed to as a minimum standard. Documentation of this conformity shall be provided to the Public Safety Section.
3. Where the facility incorporates a crane structure for hoisting customers and/or staff members, the mechanism must conform to national standards. These standards include both the Occupation Safety and Health Administration Standards (OSHA) - 1926.550 - April.18, 1989, excluding the subsequent addenda incorporated by the code forward, and the American Society of Mechanical Engineers (ASME) B30. 5 - 1989 including addenda A-1990 and addenda B-1991, excluding the subsequent addenda incorporated by the code forward. Documentation of this conformity shall be provided to the Public Safety Section.
4. Where the facility incorporates a hot air balloon for elevation purposes, copies of the current, valid Standard Airworthiness Certificate and Special Airworthiness Certificate issued by the Federal Aviation Administration (FAA), and records showing that all maintenance and alterations have been performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations excluding the subsequent addenda, shall be provided to the Public Safety Section.

11. The operator shall cause the operator's insurance carrier to submit directly to the Division a certificate of liability insurance for the registration period in an amount of not less than \$100,000 per occurrence with a \$300,000 annual aggregate for Class A amusement rides/devices and an amount of not less than \$1 million per occurrence for Class B amusement rides/devices insuring the owner or operator against liability for injury to persons arising out of the use of the amusement ride/device.
12. ***By signing and attesting below, I certify that the information provided in this application is true and correct to the best of my knowledge, including but not limited to, the accident history, daily inspection records, and annual third-party inspection records.***

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Print Name

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Signature

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Title

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Date